

MATUTECH, INC.

**PO Box 310069
New Braunfels, TX 78131
Phone: 800-929-9078
Fax: 800-570-9544**

AMENDED

November 3, 2006

November 2, 2006

Texas Department of Insurance
Division of Worker's Compensation
Fax: (512) 804-4871

Re: Medical Dispute Resolution
MDR Tracking #: M2-07-0087-01
DWC#: _____
Injured Employee: _____
DOI: _____
IRO#: IRO5317

Matutech, Inc. has performed an Independent review of the medical records of the above-named case to determine medical necessity. In performing this review, Matutech reviewed relevant medical records, any documents provided by the parties referenced above and any documentation and written information submitted in support of the dispute.

Matutech certifies that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him the provider, the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent, or any of the treating doctors or insurance carrier health care providers who reviewed the case for decision before referral to the Independent Review Organization.

Information and medical records pertinent to this medical dispute were obtained from Texas Mutual Insurance Company, and Dr. Stolar & Dr Ballmer. The Independent review was performed by a matched peer with the treating health care provider. This case was reviewed by the physician who is licensed in pain management and is currently on the DWC Approved Doctors List.

Sincerely,



John Kasperbauer
Matutech, Inc.

REVIEWER'S REPORT

Information provided for review:

Request for Independent Review

Information provided by Texas Mutual Insurance Company:

Office notes (08/03/06 – 09/07/06)
Chronic pain management notes (06/20/06 – 06/28/06)
Pre-authorization determinations (07/12/06 – 08/15/06)

Information provided by Dr. Stolar and Dr Ballmer:

Office notes (07/31/06 – 10/04/06)
Electrodiagnostic studies (05/10/06)
FCE (05/23/06)
Radiodiagnostic studies (08/30/06)

Clinical History:

This is a 47-year-old male who sustained an injury to his lumbar spine back on _____. He had undergone a lumbar laminectomy at L5 in 1995, and a laminectomy and fusion from L4-S1 in November 2005. In May 2006, electrodiagnostic studies revealed chronic S1 radiculopathy. From June through July, the patient attended ten sessions of a chronic pain management program (CPMP). On July 12, 2006, a request for a caudal epidural steroid injection (ESI) for postlaminectomy syndrome was denied. The following information was gathered from the utilization review: *The patient was using a cane instead of a walker and had paresthesias in the lower extremities. The patient had received some benefit from preoperative ESI. Electromyography (EMG) in May 2006, indicated a chronic left S1 radiculopathy, and clinical examination showed decreased range of motion (ROM) at the lumbar spine and positive straight leg raise (SLR) test on the left. Magnetic resonance imaging (MRI) was the test of choice for patients with prior back surgery. Repeat MRIs are indicated only if there had been a progressive neurological deficit. Jose Villarreal, M.D., was the requesting physician, who could not be contacted. In the absence of sufficient information, the requested ESI was being denied.*

Jaime Stolar, M.D., diagnosed failed back syndrome and left S1 radiculopathy; and prescribed medications. Dr Stolar felt that injection therapy might be beneficial. The patient reported falling at home secondary to left leg numbness. Therapy was planned for four weeks. Dr. Villarreal diagnosed lumbosacral neuritis and prescribed Kadian, Relafen, Miralax, and ketoprofen. A reconsideration request for caudal ESI was placed. Dr Villarreal reported that the patient had not had any injection after the surgery; and the injection was indicated because patient had recurrent radicular symptoms with some epidural fibrosis. The ESI was denied. The rationale provided was: *There was no convincing evidence that the patient had any benefit from the previous ten CPMP sessions. If the patient demonstrated objective evidence of improvement, additional care*

might be appropriate. However, all objective measures indicated equivocal response to the CPMP. On September 6, 2006, it was stated that the patient's progress was not sufficient due to the limited number of authorized sessions of CPMP. On September 7, 2006, Dr. Villarreal noted that a urine screen had returned negative for opiates. Dr. Villarreal took him off Kadian since he was not utilizing it and told him that he would consider injections or implants only if the pain worsened. Dr. Stolar refilled ibuprofen and cyclobenzaprine, and requested for analgesic cream.

On October 2, 2006, Anthony Valdez, Jr, M.D., a pain management physician, prescribed Cymbalta, Xanax, and tramadol. Dr. Valdez felt that in the future, the patient might benefit from medical care for his chronic pain symptoms. On October 4, 2006, the patient continued to have high level of pain with anxiety symptoms and severely restricted ROM of the lumbar spine. He was treated with electrical stimulation.

Disputed Services:

Caudal epidural steroid injection (62311)

Explanation of Findings:

Patient with chronic pain, medically relevant studies include MRI, electrodiagnostics, surgical treatment which support the conclusion of chronic lumbosacral radiculopathy. Patient appears to have post laminectomy syndrome.

Conclusion/Decision To Uphold, Overturn or Partially Uphold/Overturn denial:

OVERTURN decision to deny caudal epidural injection. APPROVE CAUDAL ESI X 1.

Applicable Clinical of Scientific Criteria or Guidelines Applied in Arriving at Decision:

The following studies were applicable to this evaluation:

American society of interventional pain physicians guidelines. ODG guidelines. International Spinal Intervention Society Guidelines.

The physician providing this review is a Doctor of Medicine (M.D.). The reviewer is national board certified in Physical Medicine and Rehabilitation as well as pain medicine. The reviewer has been in active practice for eight years.

Matutech is forwarding this decision by mail and in the case of time sensitive matters by facsimile a copy of this finding to the provider of records, payer and/or URA, patient and the Texas Department of Insurance.

Matutech retains qualified independent physician reviewers and clinical advisors who perform peer case reviews as requested by Matutech clients. These physician reviewers and clinical advisors are independent contractors who are credentialed in accordance with their particular specialties, the standards of the Utilization Review Accreditation Commission (URAC), and/or other state and federal regulatory requirements.

The written opinions provided by Matutech represent the opinions of the physician reviewers and clinical advisors who reviewed the case. These case review opinions are provided in good faith, based on the medical records and information submitted to Matutech for review, the published scientific medical literature, and other relevant information such as that available through federal agencies, institutes and professional associations. Matutech assumes no liability for the opinions of its contracted physicians and/or clinician advisors the health plan, organization or other party authorizing this case review. The health plan, organization or other third party requesting or authorizing this review is responsible for policy interpretation and for the final determination made regarding coverage and/or eligibility for this case.

Your Right To Appeal

If you are unhappy with all or part of this decision, you have the right to appeal the decision. The decision of the Independent Review Organization is binding during the appeal process.

If you are disputing the decision, the appeal must be made directly to a district court in Travis County (see Texas Labor Code §413.031). An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable.